

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | D.B.     | 70200  | 7-6-01  |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          |          | 71423  | 9/25/00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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| Claim          | Date     |
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| Final Original |          |
| 1              | 11-28-01 |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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